
SENATE COMMITTEE AMENDMENTS

Amendments proposed by Senate Committee on Insurance to Original Senate Bill No. 170
by Senator Broome

AMENDMENT NO. 1

On page 1, line 2, change "Subpart A-1" to "Subpart N"

AMENDMENT NO. 2

On page 1, delete lines 3 through 6 in their entirety and insert in lieu thereof the following:

"of 1950, to be comprised of R.S. 22:1255.1, relative to health insurance; to provide
for coverage involving a health network under certain conditions;"

AMENDMENT NO. 3

On page 1, line 7, delete "enforcement provisions;"

AMENDMENT NO. 4

On page 1, line 9, change "**Subpart A-1**" to "**Subpart N**"

AMENDMENT NO. 5

On page 1, line 10, change "R.S. 22:1016 through 1020," to "R.S. 22:1255.1,"

AMENDMENT NO. 6

On page 1, delete lines 13 through 17 in their entirety and insert in lieu thereof the following:

"§1255.1. Network advocacy

A. As used in this Section, "terminal or life-threatening illness or condition" means a severe, serious, or acute medical condition from which death is probable.

B. When all of the following circumstances are met, a covered person may request a health insurance issuer shall provide in-network benefits for health care services rendered to a covered person by a health care provider in another state, subject to the terms of the benefit plan in which the covered person is enrolled:

(1) The covered person has been diagnosed or is being treated for a terminal or life-threatening illness or condition and requests coverage for services of a health care provider in another state;

(2) The health care provider in another state agrees to accept a health insurance issuer's network contracted reimbursement rate or other rate negotiated with the health insurance issuer; and

(3) The health care provider agrees to other standard network provider terms and conditions.

C. For every medical procedure covered by a health care provider ordered in non-emergency cases, the participating provider shall inform the covered person, in writing and acknowledged by the covered person in writing, of the covered person's right to request that all covered health care services be rendered by participating providers. Such notice shall be on a single and separate form entitled "INSURED'S RIGHT TO REQUEST CONTRACTED PROVIDERS ONLY." The form shall contain the following language conspicuously displayed on the front of the form in at least 12 point boldfaced capital letters:

1 **NOTICE: YOU HAVE THE RIGHT TO REQUEST THAT YOUR**
2 **HEALTH CARE SERVICES BE PROVIDED SOLELY BY IN-**
3 **NETWORK CONTRACTED PROVIDERS IN ORDER TO AVOID**
4 **FINANCIAL LIABILITY OTHER THAN YOUR APPLICABLE IN-**
5 **NETWORK COPAYMENTS OR IN-NETWORK DEDUCTIBLES**
6 **PUSUANT TO YOUR HEALTH INSURANCE CONTRACT.**
7 **IF YOU CHOOSE TO UTILIZE AN OUT-OF-NETWORK OR NON-**
8 **CONTRACTED HEALTH CARE PROVIDER OR HEALTH CARE**
9 **FACILITY, YOU WILL BE FINANCIALLY LIABLE FOR THE**
10 **ENTIRE AMOUNT BILLED BY THE NONCONTRACTED HEALTH**
11 **CARE PROVIDER OR HEALTH CARE FACILITY OR ANY**
12 **PORTION NOT PAID BY YOUR HEALTH INSURANCE ISSUER.**

13 **D. If the notice contemplated in Subsection C of this Section, is not**
14 **provided to the insured, an out of network provider may only collect from the**
15 **health insurance issuer an amount equal to the contracted reimbursement rate**
16 **for network providers."**

17 AMENDMENT NO. 7
18 Delete pages 2 through 19 in their entirety.

19 AMENDMENT NO. 8
20 On page 20, delete lines 1 through 12 in their entirety.